MENTAL NURSING

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Evening Classes.

Session. 1899-1900.

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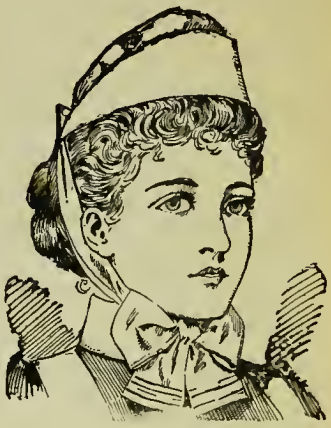

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MENTAL NURSING

The Burdett Series, No. 9

MENTAL NURSING

BY

WILLIAM HARDING

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PREFACE.

THE greater part of the contents of this little book has already been published under the title of *Mental Nursing, or Lectures for Asylum Attendants.* After passing through two editions, the portions of those lectures which refer more particularly to the care of the insane have been revised and are now, with some additions, issued in the present more concise and compact form.

BERRY WOOD,
NORTHAMPTON, 1899.

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MENTAL NURSING

THE NURSE.

THE nurse for mental cases must clearly understand that the patients with whom she has to deal are suffering from bodily disease. This is easily recognised in cases of acute insanity. It is when nursing patients whose peculiarities of behaviour appear to be caused as much by perverseness of temper as by illness that it is so difficult to bear this fact in mind. The mental derangement in these latter cases, however, as well as in the more acute forms, is as surely an indication of bodily disease as are the cough and expectoration in cases of lung affections, and the patient must not be held responsible for the one set of symptoms any more than for the other. The nurse must not be surprised if she meet with ingratitude, or find that her patients will often seek to banish all recollection of her and the illness as an unpleasant memory. Too often she will prove that the consciousness of having done her duty is her only reward. She must even be

prepared, after months of anxious and untiring attention, to hear herself accused of harshness and neglect.

A woman ought to be at least twenty-one years of age when she takes up mental nursing. It is difficult for one who is younger to gain that influence over the patient which is essential. The latter is inclined to resent having to submit to the directions of one whom he looks upon as a girl, and is not inclined to obey when the nurse wishes to insist upon the carrying out of some necessary order. Perfect physical health is requisite, and there are emergencies in which a strong frame and good muscular development are useful attributes. The work should not be undertaken by any one who has any hereditary tendency to nervous disease. The responsibility is often very heavy, and this, combined with the constant strain, is enough to try severely even those who have no predisposition to nervous disorders.

The friends of the insane are often, and rightly, anxious to have their relatives nursed at home. If it can be managed, this course is to be preferred in the insanity of pregnancy, and it is often a necessity in cases of severe and early puerperal insanity. In many slight cases of mania and melancholia, it is also the course adopted. The stigma which still clings to a residence in an asylum is thus avoided, while

the patient has the advantage of being retained under the care of the usual medical attendant.

The desire of the friends to take part in the management of the patient, though natural and praiseworthy, is of doubtful benefit to the invalid, and may seriously hamper the efforts of a conscientious nurse. We may say that, almost invariably, it is better that the patient be left entirely in the hands of the medical man and the nurses, and that the friends be admitted only when such an experiment be deemed advisable by the physician. We have seen patients whose recovery has been much retarded, if not altogether prevented, by the injudicious interference of well-meaning friends. They are over-indulgent at one time, irritable at another, and are often incapable of exerting any moral influence over the patient. Their feelings are too much interested in the sufferer to allow them to maintain a calm temper and exercise a clear judgment. Firmness is apt to be confounded by them with harshness, and they are hindrances to others doing what is best for the patient. By their presence also, they prevent that complete severance from all old ideas and associations which is found of so great benefit. Among the worst examples of mismanaged lunatics received into our asylums are those who have been under the care of their relatives. The progress of a case of insanity is often very materially influenced by the character

of the individuals in whose charge the patient is placed ; this is so with regard to single cases, and is also well seen when a nurse is in charge of a ward containing a number of patients. The post of charge nurse is a difficult one, and calls for the exercise of high qualities in her who would fill it successfully. A clear head ; strict impartiality and subordination of her own feelings to her duty ; an ability to see things unbiassed by the personal element ; a large share of tact : these are the qualities one would like to see in a model charge nurse. She must, if she wishes to make the best of things for her patients, and for all who have to deal with them, exercise that useful quality, tact. She must try to steer clear of tender points, must be careful not to hurt the feelings of those around her, and must practise the art of putting disagreeable things in their most pleasant aspect. She must use her head as well as her hands. She must be able to show her juniors how their work should be done, and must have sufficient strength of character and influence over them to make them do it properly.

The efficiency of the under nurses and the general tone of the ward depend much upon the woman who is at its head. The position is no light one, and there are many troubles and worries awaiting its holder at every turn. As a charge nurse must render ready and implicit obedience to her superiors, so must she exact the

same from her subordinates. She must insist upon a full and immediate report being made to her of every occurrence, or of any, even the slightest, change in a patient's condition. Any struggle or accident must be noted. Bruises or other injuries received by the patient must be entered in her note-book, with a full account of the circumstances attending the incident. She is responsible for the condition of the ward and patients, and will depute to her subordinates their special duties. She must see that they are acquainted with any suicidal tendencies or other peculiarities of those requiring individual attention.

Supervision is likely to be imperfect when patients are getting up in the morning and are being got ready for bed at night. These are also the occasions when it is most necessary, and when accidents are most likely to occur.

By the exercise of tact and good temper, the charge nurse can do much to allay excitement and prevent squabbles and troubles among the inmates of her ward. Her eye must be always around, marking quietly the habits and dispositions of those under her care. She should be aware of the evil effect of bad associations, and should be quick to remove a patient from the influence which the discontented, querulous, or evilly disposed may be acquiring over him. A night nurse requires common sense, calm judg-

ment and self-reliance. Her duties are at times very trying. She should begin her night's work by visiting her patients in company with the day nurses who are in charge, and she should be careful to notice their condition before taking them into her care, and thus making herself responsible for them. A note of the slighest change in the condition of any of them should be given to her. Her night report must be accurate, and given with sufficient regard to details; it is not enough to say that the patient had a draught and slept fairly; she must name the time at which the draught was given; how long it was before the patient dropped off to sleep, the number of hours slept, the character of the rest obtained. Restlessness, excitement and anything unusual about a patient should be reported, the hour given at which they occurred, and the length of time they lasted.

NURSING OF PRIVATE CASES.

Number of Nurses Required.—For an ordinary chronic or quiet case which needs no attention at night, one nurse might be sufficient, but it is not always easy to say how many might be required for acute cases. So much depends upon the strength of the patient and the character of the symptoms. For an acutely maniacal case or a

restless melancholic with suicidal tendencies, three at least would be required ; if the patient be very feeble two *might* be enough. The provision for night duty, meal times, and for the daily open-air exercise of the nurses must be borne in mind. It will probably be found cheaper in the long run, and certainly better for the patient, to provide sufficient help from the outset of the illness. It is so difficult in insanity to foretell what an hour may bring forth, and how the subsequent history of the case may be influenced by its management at an important crisis. The sleeping accommodation for the day nurses should not be far from the patients' rooms, so that they may be quickly summoned to assist the night nurse if required.

Selection of Rooms for the Patient.—This must of course be decided to a great extent by the nature of the case, and the accommodation available. For a quiet or chronic case without any special features there need be no great change made in the ordinary bedroom and sitting-room. In mild cases of melancholia, it is well to make the precautions taken as little noticeable as possible, and to remember that the best safeguard of all is unceasing vigilance and unremitting supervision. In feeble, or in very acutely excited, or in markedly suicidal cases, the situation and furnishing of the rooms become a matter of much more importance. Those on the first or second

floor have the advantage of being more private, and the bathroom is generally more conveniently situated than if rooms on the ground floor were chosen. This latter consideration will sometimes be an important one. In very noisy cases it is of course desirable that the patient should be kept as private as possible. Two rooms will be required, one for use by day, the other by night, so that each may get thoroughly ventilated and cleaned. After the very acute stage, the rooms will probably be used as bedroom and sitting-room, and furnished accordingly. But in very acute and excited cases, this distinction can hardly be made. The rooms and the bathroom should if possible be on the same level, so that there may be no difficulty in removing the patient from the one to the other.

Rooms on the ground floor have the great advantage of affording ready access to the open air. It is important to have a garden or some place where exercise can be taken without being overlooked. During the worst stages of the complaint it will then be possible to get the patient out of doors for a little while every day if the weather permit. This gives an opportunity for throwing both rooms open, and getting them thoroughly ventilated. Again, by having the patient on the ground floor we avoid the risk of precipitation from the windows, or down the staircase, as well as the danger of struggles on the

latter. The ideal arrangement would be to have rooms on the ground floor and facing the south, with bathroom and lavatory adjoining, and a large private garden close at hand. When a patient is very excited, and inclined to be violent, the doors should be made to open outwards and not into the rooms. The floors should be of varnished wood, or covered with waxed linoleum. They are then easily cleaned and do not readily become foul by being saturated with urine, etc.

Furniture.—It is in many cases unnecessary and even inadvisable to make much change from the usual home-like character of the rooms occupied. In some cases but few alterations will be required. In the more acute stages of the worst cases we must furnish, or rather *un*furnish, the rooms in keeping with the character of the patient's illness. The removal of hangings, etc., which might interfere with ventilation is as necessary as in any ordinary acute disease. Carpets are not to be recommended. They are easily soiled and difficult to clean. Rugs can be placed about where required, and taken out daily to be aired. They are, however, not to be recommended when dealing with a violent or acutely excited patient, as they might slip in a struggle, and cause the patient or nurse to fall.

In very feeble and not too restless cases, it will be well to retain them on a bedstead as long as possible, as they can then be more easily nursed.

If the patient be very restless and excited, or be very feeble and helpless, there is a risk of falling against the bedstead, either from weakness or from struggling with the nurse. In these circumstances it will be better to remove the bedstead and make up a comfortable bed on the floor, which should be covered with mattresses. Sometimes a light framework with spring mattress is used, on which the bed is made. If the patient be very restless, and, as is frequently the case, given to pulling the bedding about, this framework may become a source of danger. It may be displaced, and accidents may occur through a fall on it.

We may say that, as a rule, in very restless, feeble and acutely excited cases, the bedstead is better away. In doubtful cases a short experience will decide the question. Some patients rest better on the bedstead, and a choice must be made between removing it and running the risk (which may be small) of an accident. In some cases, and more especially if the patient have violent tendencies, it is advisable to have the bedstead firmly fixed to the floor. The windows should be made to open not more that five inches, both at top and bottom. This is easily done by placing wooden stops in the framework, so that the sashes move only a certain distance up and down. It will be well at times to be able to darken the rooms during the day, as well as to protect the

glass at night from a restless and violent patient. This can be done by means of a locked shutter, which can be put up in a very short time by a carpenter. In all doubtful cases not under continuous supervision, the following points are worth remembering: Window cords should be removed and door handles taken off on the inside. As the invalid will require visiting at regular intervals, and if asleep should not be disturbed, the door handles and locks should work silently and easily, and the door should not creak. The key should not be left in the lock on the inside. Gas brackets and pendants should be arranged so that suspension from them is impossible, and gas taps should be out of the patient's reach. The fireplace, and more especially so if the patient be epileptic or very feeble, should be protected by a fire guard.

Unless the case be one in whom full confidence is placed the patient should never be left alone with a fire. Safety matches only should be used, and the nurse must keep them in her own possession.

Clothing.—In the most acute stages of the illness, thick flannel-lined combinations are necessary. The patient is unable to throw them off, and is kept warm even when very restless and getting out of bed. These combinations should lace up the back, and will be found more useful if they are provided with feet. In place of feet, thick woollen stockings sewed on to the combinations may be used, but

it will often be found that the patient will not allow them to remain. As soon as possible ordinary clothing should be worn, but it may be necessary for a while to sew the dress at the back, in order to prevent the patient from stripping himself.

The clothing of her patients is a matter which will require a nurse's constant attention. Cases of acute dementia, melancholia, and those patients with feeble circulation will require especial care. If the body be not properly clothed, a great amount of heat is dissipated, and lost to its owner. Clothes act as preservers of the heat produced by the food taken into the system. The nurse should see that her patients have a proper amount of underclothing. Many of them will, if not watched, lay aside their flannel undergarments. Those patients who are just on the border line between the fortunate few who can, and the unfortunate many who cannot, attend upon themselves, are the ones who are liable to suffer in this way. Any peculiarities which a patient has about wearing a proper amount of clothing, should be resisted at the beginning. Like many other bad habits, they become more difficult to get rid of every day they are indulged in, and the bad practice, which might have been put right with a little difficulty at first, may, if allowed to become fixed, develop into a very troublesome and serious business.

When out of doors laced boots should be used and the laces tied securely. If the patient become excited when out walking, and get his boots off, it may not be an easy matter for the nurse to get them on again. Destructive patients are a trial to a nurse who is careful of her stock of clothing. They may be roughly divided into two classes, those who tear up with a wilful intent to destroy, and those who tear and pick at their clothes without being fully conscious of what they are doing. Amongst the latter we may include those cases of restless mania, who must be doing something and cannot keep still for even a few minutes together. We need some means of expending this energy in a harmless direction, and diverting it into a useful channel if possible. Some form of occupation is needed, along with open-air exercise. But in every case continuous supervision and constant attention are necessary. The nurse must have eyes and ears for what is going on around her. Because a patient is not actually troublesome she must not conclude that she can leave him unnoticed. It is this tendency to leave such patients alone that leads to dirty and destructive habits. A patient with restless fingers is very likely to begin picking clothing to pieces. A nurse who knew her work would observe this, and would seek some means of employing the uneasy hands to better purpose, even if it were only to tease out something of little

value. Strong dresses and leather-bound clothes may be required in some extreme cases; but such means can never replace the constant attention of an intelligent nurse. It is very difficult to prevent destructive cases from tearing up during the night. This class of patient often requires a single room and constant supervision is almost impossible.

FOOD.

In an asylum the duties of a nurse with regard to the food of her patients fall into two divisions. In the first place, with respect to the great mass of those under her care who are able to take their meals in the common dining-room, and secondly, with regard to those acute or special cases who require individual attention. Meal times are occasions on which every patient should be individually noticed. Each nurse should have a table assigned to her to which she should always attend. The same patients should always sit at that table and in their usual seats. The nurse can then perceive at once any want of appetite or any alteration in the patient's condition. She will become acquainted with the peculiarities and habits at meal times of those upon whom she attends; *e.g.*, those who bolt their food without masticating it; those who eat slowly and require

extra time; those who steal from the plates of their neighbours, etc. The class who bolt their food are likely to choke owing to their greedy and stupid efforts to swallow large masses. These will require to have their food cut up for them. Inability to take food or any change in appearance should be at once reported to the charge nurse. The latter will see to the serving and will exercise a general supervision over the dining-room. Some patients cannot take the ordinary amount of food; others will perhaps require more than an average helping. It is to be expected that those who do much work and are energetic will require more food than some of the others; but the nurse should be careful that workers are not pampered at the expense of other patients too stupid to complain or look after themselves.

When a dining-room is entered unexpectedly, and the nurses are found to have left their tables, and to be gathered together in knots gossiping, the probability is that the meals are badly served, and the patients restless, quarrelsome and dissatisfied. The food should be served as rapidly as possible, and in placing it upon the plates the nurse should remember that its appearance often decides in the case of a dainty appetite whether it will be eaten or left almost untouched. The second course should not be served until the first is finished. The quantity of fluid taken should be noticed, and as far as possible regulated within

reasonable limits. The amount some patients will imbibe is extraordinary ; this, in time, impairs the digestion, and at the evening meal is of importance from another point of view.

Such cases as are unable to masticate properly will require soft food and even spoon feeding. In any case of spoon feeding the nurse must remember that one spoonful must be swallowed before another is taken into the mouth. A patient can choke on semi-solid food as surely as on a piece of beef. Especially amongst epileptics and paralytics there will be found patients who are approaching this condition.

It is in the class of cases who are not quite bad enough to have soft food, and yet are unable to be entirely trusted with ordinary diet that accidents most frequently happen. Such cases should have their food cut up for them and be kept under close observation. Suicidal and homicidal cases will of course be placed directly under the eye, and within reach of the hand, of the nurse who has charge of them. Special precautions must be taken with regard to knives and forks. These should be counted at each table separately before the patients leave their seats. Any missing article can then be noted and at once looked for. This should never be omitted. Epileptics who are liable to fits should be placed where they can be removed without disturbing the other patients. Time must be given for all, even the slowest eaters, to

finish. No food can be permitted to be taken away from the table. This is often a source of great trouble, as some patients will endeavour day after day to conceal bread about their persons. Paralytics must especially be watched and prevented from indulging in this propensity. We have seen death occur from choking in a paralytic who had, in passing out of the dining-room, snatched up a crust of bread unobserved and had crammed it into his mouth unnoticed.

The charge nurse should keep a list of those on soft food in her medicine chest, and report any patient who seems to have a difficulty in masticating or swallowing. This power of observing and noticing changes should be encouraged. The nurse has opportunities of gaining knowledge concerning the condition of her patients which the medical man has not, and she can be of the greatest assistance to him in this respect.

Patients in a state of acute excitement call for careful feeding. Their recovery is greatly a question of food and sleep, and the latter requirement is often to a great extent dependent upon the former. The continued excitement and muscular exertions require a large amount of food to repair the tissue waste and keep up the sufferer's strength. This must generally be given in a liquid form, as milk, eggs beaten up, beef-tea thickened with arrowroot, etc. It is only in some cases that the patient can be got to take a little solid food. In

the very acute cases they will not even attempt to masticate. Some are quite unconscious of their need of food, and instead of swallowing it will splutter it out of their mouth, or simply blow into the spoon or feeding cup instead of drinking. Such patients must be nursed, cared for, and fed like babies. Frequent trials must be made to induce them to take food, as at one minute they will take it, and the next will refuse it. Acute melancholics will generally require great quantities of food. In many cases, before their arrival at the asylum, they have for days or weeks been insufficiently nourished. The friends are unable to exercise that amount of moral control which is wanted, and the patients are, in some instances, positively half-starved. Their feeding must be begun carefully, and be steadily persisted in. If the nurse can make her patient gain in weight, she may reasonably expect mental improvement. It is amongst the melancholics that the most obstinate cases of refusal of food occur. Frequently they will be found to have some derangement of the digestive system, and the discomfort they feel after meals may be the origin of the common delusion that their food is poisoned.

The refusal of food is not uncommon among the insane, while the administration of nourishment is all-important. The admission of the patient to the asylum, and his entrance upon entirely new surroundings in which regular routine

must be followed, is an excellent opportunity to insist upon a return to normal habits, as regards the taking of food as well as other matters. It will frequently be found that the patient who comes with a dreadful reputation will give no trouble if taken in hand at once and treated judiciously.

A nurse who is an adept in the administration of food is a treasure: she can spare the medical man much anxiety and trouble. There are no doubt some persons who have a peculiar gift in this direction, and appear able to induce their patients to take nourishment freely. A large stock of patience, good temper and a sympathetic disposition are probably the secrets of their success. The nurse should always make a note of the amount of nourishment taken, and the quantity should be expressed definitely as so many ounces of milk, so many eggs, etc. The doctor is then in a position to decide whether it be necessary to supplement the food taken by forcible feeding. Although she should spare no trouble in endeavouring to induce a patient to take food, the nurse must never exercise any force. In feeding a patient, frequent trials must be made, as at one minute a patient may refuse, and the next may take it readily. Sometimes a patient will take food from one person, although he has just refused it from another a moment before, and that without any apparent reason.

If a patient will not take food without a struggle, the matter must be left for the doctor to decide whether forcible feeding be necessary, and by what method food is to be administered.

It is at times a matter of great difficulty for him to say whether the tube should be used, and in some cases of organic disease, useless suffering may be entailed upon the patient by its employment. The nurse must not use the feeding tube. If the patient be one requiring tube feeding, he should either be fed at home by a medical man or be placed in an institution where medical aid is at hand. The use of the stomach tube entails peculiar risks even when employed for the sane, and in addition to these there are special dangers when it is used to forcibly feed the insane. There are various ways of forcible feeding, through the nose, or by the mouth, or by enemata. In cases where there is no weakness of the digestive system, a stomach tube possesses one great advantage, and when the feeding has to be continued for any length of time it is one of importance. By means of the pump the patient may be given ordinary diet. Meat and vegetables can be crushed, passed through a fine sieve and moistened with milk, gravy, or beef tea.

Nearly every asylum has its own method of holding a patient for forcible feeding. The following plan is very convenient, and by it the most excited patients can be managed with a

minimum risk of injury or of exhausting struggles. The pump, clean and in working order, soft rubber stomach tube, gag and the food in a basin must be ready before the patient is interfered with. He is then either placed on a bed with his head towards the foot and facing the light, or if there be danger of his struggling, he can be placed on a mattress on the floor. Any danger of his being hurt in a struggle against the bedstead is thus avoided. A sheet is thrown over him to protect his clothing from any spilling of the food. The charge nurse, kneeling down, places the patient's head between her knees and steadies it by holding it firmly with her hand on each side. When the gag is used, she holds it firmly in position with the right hand. The nurse must not insert the gag; this must be done by the doctor. One nurse on each side places her outspread hand on the patient's shoulder, and with the other holds the forearm. Each leg is controlled by a nurse, unless the patient be weak, and then one nurse can look after both. No pressure must be applied to the chest or abdomen, and when the assistants are competent injury is almost impossible.

MEDICINES.

Difficulties will frequently arise with regard to the administration of medicines, and at times are

so great that it is next to impossible to carry on any continuous medical treatment. Some patients will with pleasure swallow the filthiest concoctions and ask for more, some will demand purgatives daily, and others will obstinately refuse to take any medicine whatever. There is generally little difficulty in getting epileptics to take drugs, but it is often otherwise in the very cases to whom we are most anxious to give them. The hypodermic method when available is very useful. Frequently it will be necessary to consider the question, whether it be better to omit medicines, to give them forcibly, or to try to deceive the patient into taking them. The last method is not to be recommended. It is sure to fail if any continuous administration be desired, and usually is unnecessary for single doses. If the patient himself do not see the drug put into his food, others may do so, and a spirit of suspicion is apt to arise. If the patient be so insane as to be unaware of the nature of what he takes, there are no objections to the method, and there are times when it may be useful to give single doses to chronic lunatics. When, however, the question of nourishment is of the first importance, as it so often is, this plan must not be used. The patient may have sufficient intelligence to detect the presence of the drug, and may begin to refuse his food. Those also who have delusions that their food is poisoned should certainly not have it

tampered with in this way. The endeavour to gain a patient's confidence is not very successful if he believes that you have been placing noxious substances in his diet, and when he has discovered this it is difficult to combat the idea that his food is poisoned. It is better to produce the dose openly as medicine. As a rule, it will be found that a confident manner, with an assurance that the medicine is for the patient's good and has been ordered by the doctor and must be taken, will be sufficient when the administration is not long continued. Here again it must be remembered that no force must be used by the nurse.

VENTILATION.

A plentiful supply of fresh air is necessary to maintain perfect health, and it is useless to attempt to restore the feeble and debilitated without it. The object of ventilation is to provide this fresh air, and to get rid of that which has been rendered impure. This is as important for the nurse as for the patient. The constant breathing in of foul air will soon pull down her strength and sap her energies. Impaired health and irritability of temper will certainly follow, and in such circumstances a nurse can neither do justice to herself nor to those under her. The

ideal to be aimed at is to keep the air inside as pure as that out of doors, and to effect this without causing perceptible draughts. This is not easy to manage even in a room filled with the sane, who ought to be able to appreciate the necessity for and to aid in maintaining proper ventilation; but among the insane it is often very difficult. The perverse obstinacy of some patients is very trying. They seem to think that an open window is a positive danger, and must be closed at once.

The points for the nurse to bear in mind are:—

1. To see that the means for ventilation are in working order.

(*a*) Ventilators. These are very liable to get blocked. Even when the current of air can be proved to be passing from within outwards many patients will declare that they are being killed by the cold draught, and if they possibly can do so will plug up the gratings. Dust and fluff are apt to accumulate and interfere with the free passage of air. Those openings on a level with the floor may be used as receptacles into which dust may conveniently be swept, and some patients appear to believe that their only use is to afford convenient hiding-places for odd slippers, stockings, etc. Obstructions may also be caused by materials which get in from outside.

(*b*) The chimneys should not be blocked, and should be kept free from accumulations of soot.

(*c*) The windows will require intelligent attention, as by proper management even on very windy days they can be made available, and in most wards by their means cross-ventilation, or a stream of air passing across the ward, can be obtained. A close watch will be necessary, as many patients are ready to shut the window whenever opened. Of course the windows of day-rooms or sleeping-rooms should be thrown open when the patients have left them.

(*d*) Doors should not be depended upon as a means of ventilation. As a rule, to do so only means admitting air which has been already polluted more or less.

(*e*) Any dampness of the walls should be at once reported. It interferes with the passage of air through the pores in the wall, affords a resting-place for dust, keeps down the temperature of the ward, and also provides places in which infectious germs may lodge.

2. To prevent inside impurities.

(*a*) Dust must be removed. Particles from skin, hair, clothing, etc., become deposited on the furniture and walls, and with them some of the offensive organic matter in the air. In the wards for the sick special attention should be paid to this.

(*b*) Some of the patients will be found to give out very offensive odours from their skin, and will require particular care as regards washing and general cleanliness.

(*c*) Wet and dirty cases, if neglected, will soon pollute a whole ward. Patient endeavours to inculcate better habits would do much, and the bathing and changing when required must be done at once.

(*d*) The foul linen should be at once conveyed to some place outside the building. When it is being carried from a dormitory or sick-room it should be placed in a covered receptacle. Chamber utensils, etc., used in the sick-room should be emptied and cleansed at once.

(*e*) Lavatories and water-closets should be kept scrupulously clean, and inspected by the charge nurse regularly and frequently. They should be well ventilated, and the windows in the passage that leads from the ward to the closets should be kept open when possible, and the door that cuts off the closets from the ward kept closed. For purposes of observation this door is generally furnished with large glass panels. It is important to notice the under surface of the seats in the water-closets. In the male wards the urinals are often a great source of impurity. Sinks should be kept very clean, and their traps in order, and any escape of gas should be at once reported. For the sake of ventilation, as well as from motives

of economy, the gas should be turned down in the day-rooms as soon as the patients have left them.

(*f*) Where the heating is effected by steam, disagreeable smells are sometimes caused by the dirty practices of mischievous patients who foul the steam chests. Some patients also have a habit of drying wet and filthy rags on the heating apparatus.

(*g*) The single rooms and dormitories occupied by dirty patients will give much trouble, and will require careful cleansing with hot water and Jeye's fluid, or some similar preparation. The nurse should be careful to see that the floor is well dried after being scrubbed. She should also notice that the ventilators are not daubed with filth, and that the cracks between the boards of the floor, doors, and wall (if boarded) are clean.

She must carefully supervise the patients who are assisting her. They will sometimes begin to scrub out a clean room with dirty water and cloths. The result is not beneficial to the sweetness of the dormitory or corridor.

The value of sunlight should not be forgotten, and in order to gain its full benefit the windows should receive regular attention.

TEMPERATURE OF ROOMS.

Many of the insane are peculiarly susceptible to the influence of changes in the temperature, and are markedly affected by even a slight fall in the thermometer. The young, the feeble, and the aged require a higher temperature and warmer clothing than are sufficient for an adult in fair health. Especially amongst the demented classes (or those suffering from mental weakness) must this point be carefully attended to. Their nervous force is small, and their circulation is often weak. Cold and blue extremities are common among them. Chilblains are easily produced, and not readily got rid of. In such cases bronchial catarrh, diarrhœa, and low forms of inflammation are the not infrequent results of exposure to chills. In one class of cases, that of acute dementia, the question of warmth is almost as important as that of food, and the patients will often with advantage bear a temperature which seems unpleasantly warm to the other occupants of the room. Such patients are generally much brighter in summer than in winter. It will be noticed, too, that epileptics do best who occupy beds in the warmest part of the dormitory.

In cold weather the problem of keeping a ward containing dirty cases up to the proper temperature, and at the same time sweet and well

ventilated, is one not always easy of solution. More especially is it difficult when the wards are full of the very demented. These, the very people who require most warmth, are unable to help themselves and are too dull and stupid even to complain. They will plant themselves in a direct draught with unfastened garments, and although they may become pinched and blue with cold, have not enough intelligence to shift their position. They are thus in a peculiar manner dependent upon the thoughtfulness of the nurse. If it be necessary that the part of the ward in which they are seated should be blown through, they should be removed out of the cold draught until this is done. The early morning, before the sun has gained much power, is the time when the heating arrangements generally fail. Patients should not be brought from warm beds to sit and shiver in the day-rooms until they are warmed up. The day-rooms should be raised to a temperature of 55° F. before the patients are allowed to enter them. If all the lunatics were able to employ themselves in ward work, and thus keep themselves warm, the case might not be so bad, but such as can do this are in some of the wards but too few in number.

Feeble and acute cases, who throw off their clothing, can be dealt with by putting them into thick flannel-lined combinations, which lace up the back. In these they are kept warm even when restless and out of bed. The temperature of an

ordinary ward should be kept about 55° F., and for the more feeble and demented it should be nearer 60° F. The day nurse ought to note the temperature as shown by the thermometer at regular intervals during the day, and enter it in her report sheet. The night nurse also should mark the temperature in the corridors and dormitories during her hours on duty, and show the figures in her report for the night.

PERSONAL ATTENTION TO PATIENTS.

The state of the patient's clothing should be a matter for constant observation. It will not do to rest content with changing at stated times. Active and intelligent interest is needed, as well as attention to a routine duty. Patients who are in the habit of hoarding up rubbish, rags, and scraps of food, should be overhauled daily. A close watch should be kept to see that no food is carried from the dining-room to the day-room.

Every individual, when it is possible, should have a weekly bath; in all cases for the sake of the individual's own health, and in some for the sake of the comfort of those who are compelled to associate with him. It seems a very simple thing to say that lunatics should be kept clean, but in practice it is not always so easily carried out. Many patients, of course, are extremely cleanly,

and can attend to themselves, but unfortunately this class is in the great minority. In every ward there are persons who would avoid the weekly bath if they could, and many are the complaints and manœuvres to effect that end. Very dirty cases will often require bathing several times daily, and even then it will be difficult to keep them sweet. Some patients, who perspire freely and are very stout, are liable to have their skin irritated and chafed, especially in the folds, as under the breast and in the groin. These will require extra attention. The feet of others will give trouble to keep them sweet and prevent them chafing.

A point of great importance, and more particularly amongst those unable to attend to themselves, is the cleanliness of the hands. In some cases, undoubtedly, diarrhœa is caused and parasites gain entrance to the intestinal canal, owing to the dirty habit of eating with unwashed hands and foul finger nails. In dirty cases especially, the nails should be cut short and the hands carefully cleansed before each meal. If this were regularly attended to there would be fewer cases of diarrhœa among the very demented and dirty. It is difficult in a large ward to carry out properly, but none the less, it should be done.

The condition of the teeth and gums, too, should not be forgotten. In some acute cases and in melancholics this is of importance, and ought to

be seen to as part of the routine duty of the day.

In the admission ward, the condition of the heads of newly received cases is often a source of trouble and even of anxiety to a careful nurse. Some cases are so very full of vermin that it is necessary to cut the hair short, but such extreme measures are seldom required.

IMPORTANCE OF CAREFULLY OBSERVING MENTAL CASES.

Any change, however slight, in a lunatic's appearance or mental condition should be reported. More particularly should a careful watch be kept for any dulness or depression in a case who had at any time shown suicidal tendencies.

The way in which some of the insane, when excited, appear to be unconscious of pain and maladies that would collapse a sane individual is wonderful. Many will make no complaint, and will give no assistance whatever in finding out from what disease they suffer. Others will give misleading information, and struggle against any examination. Diagnosis is often very difficult. Patients with acute peritonitis have been known to dance and laugh merrily. Any depression in a general paralytic is of

importance. In many cases it means some commencing illness.

It is often almost impossible, even in presumably sane individuals, to get accurate information as to the state of the bowels, and constipation is a very common affection among the female lunatics. It is frequently associated with anæmia, and, indeed, helps to keep up that condition. In all cases, but especially amongst epileptics, the nurse should take notice whether any of her patients suffer in this way. We every day meet lunatics who declare that they are purged while passing normal motions. There are others who, with bowels freely moved, affirm that they are obstinately constipated, and demand a daily purgative. Observation alone can decide as to the truth of these statements, and they should always be investigated. The patient, though often making false complaints, may on that particular occasion be really suffering. The first symptoms of colic or any diarrhœa should be at once reported. This is especially important, as abdominal affections in the insane are often very obscure. The character of the diarrhœa should be noticed, with particular regard as to whether there be any blood in the motion. The nurse should also notice whether the patient has anything in the nature of piles, for even should the doctor think it necessary to make an examination, with some patients it is very convenient to have

a preliminary examination made by the nurse. No patient with purging or abdominal pain should be given the ordinary diet until the case has been reported and instructions as to diet, etc., received. Whenever possible, the patient's temperature should be taken, and form part of the report. This is a matter of the utmost importance, seeing that the treatment of the form of dysenteric diarrhœa sometimes met with among the insane is successful in proportion to the earliness of the stage of the disease at which the patient is put under treatment. Extreme cleanliness and early attention to the slightest abdominal symptoms will reduce these cases to a minimum.

Vomiting is not an infrequent symptom among the insane. There are idiots who can with ease regurgitate their food, and, indeed, like ruminants, appear to chew the cud. Some patients eat too rapidly or too much, and vomit almost at will. There are others who, from hysterical ideas, or from sheer stupidity, will induce vomiting by putting their fingers down their throats. The appearance of any nausea, paleness, or sweating before vomiting should be noticed; also whether the act was performed easily or with difficulty. The nurse should examine the matter vomited for blood, foreign bodies, etc. Sometimes buttons, pieces of straw, or such like articles, may be found. If there be anything unusual it should be kept, in order that the doctor may inspect it. Especi-

ally with regard to hernia is vomiting to be borne in mind. Attempts at vomiting are sometimes the only symptoms of a strangulated hernia in a dement. At bath, and on every occasion when the nurse has an opportunity of observing, she should take notice whether there be any swelling or fulness in the regions where hernias are commonly found. It is possible that she may find mare's nests, such as enlarged lymphatic glands, but such things have an importance of their own, and at the same time the nurse shows that she is taking an intelligent interest in her work. Any blood, whether brought up by coughing or vomiting, should be carefully saved with whatever came up with it. Patients will sometimes declare that they have coughed or vomited up blood when it only proceeds from the gums. In these cases the pocket-handkerchief or apron which is stained should always be kept and submitted to the doctor.

The first appearance of menstruation after a patient's admission should be duly reported. In all cases anything unusual as regards the amount or frequency should be noted, and also whether it is accompanied by pain or is attended by any marked change in the patient's mental condition. The nurse should also be careful to report the presence of any abnormal discharges. Another point which must have the nurse's attention is whether there be any excess in the amount, or

any peculiarity in the distribution of the sweat, as, for instance, whether it be confined to one limb or to one side of the body, etc.

POINTS IN THE GENERAL MANAGEMENT OF MENTAL CASES.

It will perhaps be advantageous before dealing with the special forms of insanity, if we say a few words as to the general management of mental cases. In dealing with such cases, it is well to remember the influence of first impressions. Even if we consider the matter merely from the standpoint of convenience, without any higher motive, we will come to the conclusion that it is to our advantage to calm the patient's fears and allay his suspicions if possible. If the patient once begin to look upon the nurse as a friend, the latter will find her labours and anxieties lightened. There will be less danger of trouble with regard to food, etc., and the newcomer will more rapidly settle down among his unusual surroundings. We often see a patient who has been difficult to manage at home, and refusing food, yet will calm down at once and give little trouble, when he finds himself amongst those who, while kind and sympathetic, are yet neither irritable, fussy, nor afraid. There are few individuals, unless they are quite demented, who are

entirely lost to outside influences ; a smile, or a friendly speech, a kindly remark will frequently soothe and prevent an outburst of violence. The very way in which a patient's clothes are removed may be keenly remembered by him, even if they have to be taken off forcibly. This should always be done with every expression of goodwill.

It may be well here to mention some points which should not be overlooked when taking over the charge of a new case, or on the admission of a patient to an asylum. The doctor will of course examine for himself, but the nurse should none the less know what points to take notice of when undressing a patient. If it be a case in a private house, she should make it her duty to know if there be anything which can be used with mischievous or suicidal intent, either in the patient's pocket or in any receptacle to which he has access. Bruises or injuries should be carefully noted for two reasons: first, they can be reported to the doctor, and any necessary treatment carried out ; secondly, in order that an accurate note may be made of their existence and character. It is only fair to the nurse in charge that the bruises existing before the patient passed into her hands should be recognised. It is enough that she be called upon to give an account should any bruises be received afterwards. In making a note of the bruises found,

it will be well, in addition to stating their size and locality, to make a note of their colour.

The presence of any marks on the body should be observed carefully. Attention should be given to ascertain whether the patient be ruptured, and, in the case of males, any difficulty in passing urine should be noted, as it might indicate a stricture of the urethra. The condition of the abdomen, if at all prominent, should be noted, as the fulness may be due to a distended bladder, or, in the case of females, even to pregnancy. An excitable or violent patient with a distended bladder is in a dangerous condition, and during a struggle serious injury may unintentionally be inflicted upon him. The bladder when distended is easily ruptured, and this accident is liable to happen in the event of such a patient wrestling with an attendant or other patient; more especially would it be likely to occur should the struggling pair fall to the ground. In puerperal cases, and in nursing women, the condition of the breasts should be noted. One point that is very important, but is sometimes overlooked, is to make certain that there are no false teeth. This should always be borne in mind, as in some cases it may be necessary to remove them. Accidents have occurred from neglect of this precaution. The condition of the hair as regards vermin, etc., should not be forgotten.

In dealing with mental cases, the nurse must

never lose sight of the fact that they are not responsible for their behaviour, and although at times it is hard enough, she must learn to bear insult, and even violence, without thinking for a moment of retaliation.

There are a few general rules, which, if borne in mind, may be of assistance:—

First.—From the very beginning try to get the patient to understand that you are sincere, and that you really desire his welfare. This is not always easy; the suspicious mind of the lunatic is often disposed to look on all about him as enemies, and the nurse will frequently find her efforts misunderstood, and her kindly advances resented, and perhaps repaid with insolence or even violence.

Second.—Never hurt a patient's feelings by letting him see that you have gained a victory over him when you have been compelled to insist upon his doing something to which he objected. If any such difficulty should arise, the nurse should try to raise a bridge by which the patient may cross without injuring his self-love. In dealing with the insane it is quite possible to stoop to conquer without any loss of dignity or self-respect.

Third.—Never allow yourself to be forced into a position in which you must either sacrifice what influence you may have gained over your patient or do something you would much rather have left

undone. That never, unless under very exceptional circumstances, use the expressions, "You shall," or "You must"; "Don't you think you had better?" is much more efficacious, and even if the request has to be enforced there is not the same sting left behind. Always try to understand the patient's mood and catch the favourable opportunity. In cases where there is likely to be any conflict, ask the doctor to repeat the order in the hearing of the patient. If the latter have any reason at all left he will probably recognise that in insisting upon that order being carried out you are merely doing your duty and he will probably not resist, unless when acutely excited.

It is generally possible to let such a patient see that it is easier and better to do the right thing than the wrong. There are, of course, many lunatics whose reasoning powers are so impaired that they are quite unable to form any judgment; but that is not the class of whom we are speaking.

The completely irrational are, even when very violent, easily borne with, when compared with the impertinences and insults from a perverse argumentative lunatic. The nurse will soon find out those individuals who are most easily managed by being made much of; those who prefer a more distant greeting, and those generally incurable, hopeless cases who are difficult to manage, and who are best dealt with by being left alone, so long as they fall in with the rules of the house

and do not interfere with their fellows. Occasionally cases will arise where physical force must be resorted to. Unless compelled by necessity, a nurse should never attempt to deal singly with an excited or violent lunatic, but should always call for assistance, and for the following reasons:—

First.—A patient who would fight and struggle against one nurse will often submit quietly when two are present.

Second.—There is less likelihood of either the patient or the nurse being injured.

Third.—The patient is not so likely to make false accusations of ill-usage when two nurses are present. Those who have had dealings with the insane, and more especially with epileptics, will appreciate the force of this last reason.[1] When aggravated by a patient's wilful perverseness, the nurse will at times feel disinclined to call for assistance. She will be disposed to look upon this as an expression of weakness or cowardice, and will want to manage the patient by herself. From every point of view this feeling is wrong, and must be resisted. The power of self-control must be exercised; in fact, if a nurse be without

[1] When an excited patient is breathing out threats of slaughter and brandishing some weapon which he has obtained, it is well to remember that a mattress makes a very good shield, behind which he can be approached and overpowered.

that quality, she is not likely to remain in an institution for any lengthened period.

It is greatly to the credit of the nursing staffs that so much is patiently borne and uncomplainingly suffered by them.

SECLUSION.

A patient is said to be secluded when he is placed in a room by himself and is unable to leave it. It is not necessary for the door to be locked to constitute seclusion; if it be held, or if anything be placed against it which hinders the patient from coming out, he is in seclusion.

In many cases of excitement it is the most humane treatment. It allows the patient to calm down without being distracted and upset by those about him. For the sake of the other patients in the ward it is also a necessary course to adopt at times.

No patient should ever be secluded without distinct orders to that effect, and on every occasion, no matter for how short a period, the fact of such an occurrence having taken place, and its duration, should be entered in the ward journal. An account of the reason for which the patient was secluded should also be given. In the case of a suicidal patient, the nurse must be careful to see that he has nothing which he might use to

injure himself, and she must watch carefully, lest he tear any of his clothing and use the strips. She must see that the shutters are properly secured before he is put into the room; and if he be put into bed she should provide strong clothing.

When the patient is an epileptic, it is equally necessary to look in every few minutes lest he have a fit. It is well in such cases to have means by which he can be observed without unlocking the door. As soon as the patient's condition will permit, he should be taken out of seclusion.

RESTRAINT.

Restraint is the term applied to any mechanical appliance, which hinders the movement of any part of the body. It is generally used for surgical reasons, either to prevent a patient taking off dressings, or interfering in any way with the treatment which is being carried on. Occasionally it is necessary in acutely suicidal individuals to prevent self-mutilation.

It is now very seldom used, and a nurse may be in an asylum for a long time without seeing it employed. Gloves for the hands, or the strait waistcoat are the means most commonly employed. Two nurses at least are required to put the jacket on; one places her hands down

the sleeves of the jacket, and takes hold of the patient's hands, being careful to see that the thumbs are not left sticking out. The other, standing behind the patient, pulls the jacket over the arms, and fastens it at the back. It is necessary to see that the arms are crossed comfortably before the tapes are tied. A note must be made of the reason why restraint was used and its duration. When the jacket is taken off the patient should be examined to see that no marks have been left. Whatever articles have been used for the purpose of restraint must be kept and shown to the Commissioners in Lunacy on their next visit.

DELUSIONAL INSANITY.

You cannot cure a delusion by means of reasoning or argument. It is possible that when improvement has begun, it may be hastened by showing the absurdity of the patient's idea, but it is much more probable that an endeavour to do so would have the effect of concentrating his attention upon his false beliefs, and causing the delusions to become more fixed than they were before. On the whole, the best way is to avoid the subject as much as possible, while giving the patient to understand that, in your opinion, the ideas are delusions, that they form part of his

illness, and that it is only increasing his troubles by dwelling upon them. Sometimes a delusion may arise from the brain exaggerating or misinterpreting messages received by it from a distant part of the body which is diseased. If this local affection be cured we may hope to see the delusion disappear. In every case, however, the nervous organisation must be weak and liable to be upset by influences which would have no effect if brought to bear on a healthy brain.

Many patients are fond of bringing forward their troubles on every occasion. It is probable that their doing so in some cases provides an outlet for feelings which if bottled up might burst out in some more unpleasant fashion.

EMPLOYMENT.

When patients are strong enough, every endeavour should be made to induce them to employ themselves. Work is one of our chief curative agents. Of course, if possible a patient should be set to some useful employment, but it should be borne in mind that the object to be aimed at is the good of the patient, and not the amount of useful work turned out. He had better be employed in doing something which has afterwards to be undone than be living in idleness. If not occupied at all, it is not to be wondered

at if bad habits and violent or destructive propensities develop themselves. In cases of acute restless excitement in robust individuals who are too insane to settle to any occupation, it is sometimes necessary to send them for long walks with two nurses, or perhaps to have relays of nurses. This is very exhausting work when the patient is strong and lively. The excitement which is found in weakly debilitated individuals requires a different treatment. Here nourishing diet and stimulants are essential, and the all important question of feeding comes in. Food and rest are required, and the patient's recovery to a great extent depends upon careful nursing.

SUICIDAL CASES.

Suicidal cases are a great anxiety to all who have to deal with them. The knowledge that you are responsible for the safe keeping of a patient, who is anxiously waiting for an opportunity to destroy himself, is a constant strain, and one which at times becomes very harassing. When in addition to the suicidal tendency, the patient is, as is frequently the case, uneasy, worrying, and always trying to do those things which ought not to be done, the life of the nurse under whose care he is placed is not one to be envied.

It is customary in such cases for the nurse to receive a printed or written notice with the patient, which informs her of the suicidal tendency, and warns her that he must never be permitted to escape from observation. This caution ought to be given only to such cases as really require it. It is unfair to the nurses that the higher officials should shield themselves from responsibility by giving these notices to more cases than it is really possible for the nurse to supervise.

The ways in which suicidal cases will try to effect their purpose are numerous. A patient who has never expressed any suicidal ideas may all the while be pondering methods of putting an end to his existence. The only way of meeting such cases is by continuous and careful supervision. It is not the patient who is always talking about suicide who is most likely to injure himself. Experienced nurses will remark about such and such a patient: "There is not so much fear about him; he talks too much about it"; but such cases must still be kept under unremitting observation.

When taking charge of a private case, the nurse must satisfy herself that the patient has nothing in his possession, nor is there anything to which he can gain access, with which he may injure himself. It will be necessary to examine such a patient's clothes each evening at bedtime to see

that nothing has been concealed which could be used for the purpose of self-injury. He should not be allowed to undress near his bed.

Attempts are sometimes made to smuggle tapes, strings, pieces of corset steel, etc., into bed, in the hope of being able to employ them under the cover of the bedclothes. Nothing is so small as to be considered harmless; the teeth of a small buckle have been found sufficient to effect the purpose, and small pieces of broken glass may be used with serious effect. Male patients who have not been thought suicidal have smuggled sharp instruments into bed and destroyed themselves during the night. Of course, in cases where no warning has been given, such an accident might happen, but it is inexcusable when the patient is known to be suicidal. Acutely suicidal cases will try to conceal articles in the mouth, in the arm-pits or between the buttocks; and female patients will hide them in the hair. Tapes and apron strings must be borne in mind when dealing with women: among the men neckties are always a danger. Patients will frequently tear their clothing into strips and attempt strangulation, or try to choke themselves by pushing pieces into the back of the throat. Handfuls of hair pulled from the patient's own head have been used in this way. The fact that injury may be attempted by precipitation down a flight of stairs should not be forgotten. A patient has

been known to push his head through a window, and attempt to cut his throat by sawing his neck against the jagged fragments of glass that remained fixed in the wood. A special word of caution with regard to scissors is needed in the female wards; they are such everyday articles that the possibility of their becoming dangerous weapons is apt to be overlooked.

Careful attention must be given to suicidal cases at meal times. They may require to have their food cut up small; it may even be necessary to allow them to have spoons only, and on no account should they have a sharp knife or fork, nor should they be allowed to sit near any one by whom such articles are used.

When out of doors a watch should be kept that the patient has not an opportunity of picking up anything which might be harmful. When passing a carriage the nurse should bear in mind that patients have attempted to precipitate themselves before the horses' feet. On no account must vigilance be relaxed until the caution given with the patient has been withdrawn. It is not always easy to say whether the suicidal tendency has entirely gone; but the nurse must clearly understand how great her responsibility is until the doctor has taken the weight upon his own shoulders by deciding that the patient has sufficiently recovered to have a little more freedom.

In coming to such a decision the opinion of an experienced nurse is always of great value.

HINTS CONCERNING TROUBLESOME CASES.

The nurse for mental cases is peculiarly liable to have unfounded accusations brought against her, and frequently she will feel hurt on account of the serious way in which a charge which she knows to be quite unfounded is investigated. She must, however, remember that it is the duty of those who have charge of such patients to carefully inquire into every complaint, however groundless it may appear. The nurse, therefore, must bear in mind that there are certain precautions which she ought to take for her own sake with regard to every case, and she should also be aware that there are individuals in dealing with whom she should be particularly careful. She will find that the friends of the insane are often ready or more than ready to look for ill-treatment of their relatives. The reason for this may be that they are familiar with the provocations which they themselves received from the patient, and they judge that these will have the same effect upon others which they had upon themselves. Any case may develop a propensity for making accusations against those with whom he has to deal ; but there are some forms of insanity from which

it may be expected and may therefore be guarded against.

Among the causes which may operate in inducing a patient to make a complaint, the following have to be considered :—

1. It may be the result of a delusion. The accuser may be perfectly honest and firmly believe that he is an injured person.

2. There is the insane habit of exaggerating little things into injuries and insults. We must remember that causes similar to those which affect the sane may also affect the insane, and with more force owing to the weakened control and reasoning power of the latter, *e.g.*, jealousy, personal dislike, etc.

3. The soreness felt by the epileptic after a fit is sometimes attributed by him to ill-usage from those about him.

4. Hysteria is sometimes a prominent factor. A patient, in this case generally a female, desires to be brought forward into notice.

5. Charges brought by moral imbeciles who have little sense of justice or right. These are often the most serious and difficult to meet.

Among the forms of insanity in which this unpleasant feature is likely to be met, we may mention those cases which display a strong element of hysteria. These, as has been said elsewhere, are most frequently females ; but the hysterical element perhaps exercises a greater

influence among males than is generally suspected. In an asylum the hysterical female generally accuses a nurse or another patient of using violence towards her. When the circumstances are favourable, the charges will frequently be of a sexual character, but owing to the absence of males among those with whom she comes in contact, the accusations in an asylum are generally of ill-usage. Such a patient will not shrink from pulling out her hair, bruising herself, and even inflicting wounds upon herself, in order to furnish evidence to back up the accusation.

The worst features of hysteria are intensified when allied to epilepsy, or an epileptic family history. Among the insane epileptics there is often a tendency to deceit. Many of them either consciously or unconsciously exaggerate or invent accusations and bring them forward in a way which gives them all the appearance of truth. Their irritability and want of self-control may explain their liability to outbursts of violence; but not the pertinacity with which they will bring forward charge after charge, though each be proved to be untrue. We have known epileptics who could lie in a way to deceive the very elect. Collateral circumstances may be dexterously introduced, and at times even another epileptic is brought forward as corroborative evidence.

The false accusation of the pure epileptic usually refers to personal violence done either to himself

or others, or to misappropriation of his property. When they delay their charge, as they sometimes will, for a considerable period, it becomes more difficult to meet.

This propensity is also found occasionally among cases of insanity in which religious ideas are the leading feature. It is interesting to note that these cases, though they have no actual convulsive seizure, often bear in their conduct a strong resemblance to epileptics, and will at times make accusations either of personal violence or of interference with their food.

In cases of delusional insanity the accusations will often bear their absurdity on their face, and can therefore be disregarded. It is not the very insane individual who is dangerous, but the one who magnifies petty things and is able to give his story an appearance of probability. It is scarcely to be wondered at, that some cases of delusional insanity make complaints or even proceed to violence. They would be more than human did they sit down quietly under the tortures which some of them endure. It is only astonishing that we do not hear of a greater number of such instances.

There is a phase in some forms of insanity which is a very trying one and is more commonly found among women than men. The patient resists any change in her condition; she struggles against being dressed in the morning, and objects to being

undressed in the evening. Yet she will, and in a most sensible manner, inform her friends that the nurses will not allow her to have her clothes in the morning and that they prevent her going to bed at night. She will not go to the dining-room nor will she leave when she is there ; she may have to be carried out of doors and then carried back again. When her friends come to visit her she will lay distinct and definite accusations against certain members of the staff of persistent and deliberate ill-usage. Her friends never knew this phase of her character and implicitly believe her. In spite of all explanations, they often continue to look upon their relative as a martyr to the end.

In the early stage of puerperal cases a frame of mind will be sometimes met with, which is the cause of much mischief. The patient becomes fretful and discontented with everything. She makes statements to her friends of neglect or improper treatment by the medical man and the nurse. The friends, influenced by this, frequently behave unjustly towards the maligned individuals and perhaps change them. It is not always when the true character of the case is made known that justice is done, but rather the reverse. The friends rather consider that the neglect of which the patient complained was the cause of the insanity. Great mischief may arise in such cases from the unguarded conversation of the nurse with a patient

whose mental condition is unstable. With these cases there is much trouble when they arrive at the asylum. The attention necessary to the hair of the patient is a frequent cause for the complaints about ill-usage. Often the hair is found matted together on admission, and the patient, if dirty in her habits, may rub filth into it. Keeping it clean and tidy is no easy task, and more especially so when we consider that the patient is probably resisting all that is being done for her. It is not unusual for women even when nearly well to complain of cruel treatment from the recollection of such struggles. By far the easier method would be to cut the hair, but one does not care to disfigure the woman, and this again would afterwards be a cause for complaint.

Senile cases are frequently complaining and dissatisfied. They make charges that they are neglected, or that their food is tampered with. Like children, they become jealous of attention paid to others around them. There is a phase of the mental disorder in a few senile cases which causes much worry. After being apparently in a condition of quiet dementia for some time, a man will wake up and become a terribly active nuisance. There would almost seem to have been a rejuvenescence of all his mental powers, and especially of his imagination, while his self-control is almost entirely gone.

Such men will make accusations of ill-usage,

with a wealth of detail and a power of graphic description which are surprising. They are also quick to find out where they can wound, and delight in exercising their powers of irritation. Such a frame of mind will readily account for the mischief such cases sometimes cause in their own family circle; although they are not certified as insane.

Probably, after all, the most dangerous class of cases are the moral imbeciles and criminal lunatics, in whom we find, along with the absence of moral sense, a cultivated cunning capable of concocting an accusation and sufficient intelligence and plausibility to make it dangerous. We come across individuals of this type of both sexes in asylums, and it is very hard on the respectable population that they have, to ever so small an extent, to associate with them. It is also hard on those who have to work amongst them. They would be more easily dealt with if their character were clearly recognised. Their criminality is overshadowed by their being looked upon as simply lunatics, and to the eye of any but medical men, their charge is as likely to be true as if it had been preferred by an ordinary lunatic.

The artisans working in the female wards are peculiarly liable to suffer. Women with hallucinations of hearing, fancy they hear them using obscene expressions; and those with delusions charge them with indecent acts. Some will even lay definite charges of indecent behaviour under

circumstances which render it difficult for the unfortunate man to clear himself. The important lesson to learn from this is: No workman should ever be allowed into a ward containing female lunatics unless accompanied by a nurse. This is absolutely necessary for his own sake as well as from other considerations.

An accurate report should be made of every occurrence or struggle, no matter how slight, and the names of the witnesses recorded. This when initialled by the medical officer in charge (after inquiry) will often be found useful as a defence against an accusation. Finally and most important, the nurse must be on her guard neither by speech nor manner to provoke or irritate any of those under her charge. The behaviour of the patient is only a symptom of the disease from which he suffers, and he must therefore not be held responsible for his conduct.

THE WET PACK.

In some forms of acute mental disease the wet pack or hot bath is occasionally employed. In very acute cases the patient will resist, and special precautions are necessary.

This is a very useful method of treatment in some cases, but to be effective must be thoroughly and carefully carried out. It is not easy to pack

an excited lunatic without the aid of four or five skilful assistants.

Sufficient nurses must be present to manage a patient without risk of injury in his struggles. The wet sheet must be arranged without creases. These cause great discomfort and pain, and may leave wheals or bruises.

The following articles are required :—

1. An iron bedstead, one with sacking bottom for preference.

2. A waterproof sheet should be spread over the sacking.

3. Three or four blankets are then spread over the waterproof sheet. If large-sized let them be spread over the bedstead in the usual way, if small let them be spread crossways. They must be broad enough to wrap well round the patient, and long enough to be folded comfortably over the feet.

4. Vulcanised sheeting. Either one large sheet or several small ones must be spread over the blankets. The sheeting must be sufficiently large to wrap round the patient.

5. A thin old blanket spread out over the sheeting.

6. A sheet dripping wet with cold or lukewarm water, according to medical orders, is spread out on the vulcanised sheeting.

The patient is undressed and laid on the wet sheet. His arms are held close to his sides, and

his hands fully opened are applied close to his body. He is wrapped tightly and carefully in the wet sheet, which reaches from his neck to his feet. This is the part of the packing which is the most troublesome and at the same time most important. Without a sufficient number of nurses who understand their work it is almost impossible to arrange the sheet tightly and without creases. The thin blanket is then applied in like manner. Next the vulcanised sheeting is smoothly and evenly wrapped around, and then, one after another, the blankets.

The packing must be done tightly, or the patient will be able to struggle and chafe himself in it. Each successive fold is of course more easily applied than the preceding one. The last folds of blankets are fastened with safety-pins. A low pillow is placed beneath the patient's head, to which cold cloths or cold coils are applied. A nurse remains with the patient to sponge his face and attend to him generally. He is taken out of pack every hour, and while the bed is being rearranged he is douched with warm water and receives beef-tea or hot milk, etc. A stimulant must be kept at hand to be ready in case the patient become faint, but must not be given without orders.

The dry pack is carried out in a similar way, but without either the wet sheet or vulcanised sheeting.

HOT BATH.

The temperature of a hot bath ranges from 98° to 110° F.; usually it is ordered between 100° and 103° F. The danger of injuring a struggling patient against the framework of the bath must not be forgotten. The water in the bath is brought up to 99° F. before placing the patient in it. Hot water is then added gradually until the water reaches the desired temperature, which is ascertained by means of a thermometer. The patient has cold cloths or sponges applied to his head while in the bath. When taken out he is dried and well rubbed; is clothed in a flannelette night-dress and wrapped up warm in bed. Sometimes a little stimulant is given before the bath, and beef tea, hot milk, or egg flip after he has been put back to bed.

When a hip bath is given it must be remembered that the water cools rapidly. Hot water must therefore be added frequently, and the thermometer kept in constant use. The patient's shoulders should be covered with a blanket. A warm bath is one between 92° and 98° F., a tepid one between 85° and 92° F.

FORMS OF MENTAL DISEASES.

Before speaking of the forms of mental disease, it might be well to explain a few terms which we

must employ. A *delusion* is a "false belief arising from diseased mental action". An *illusion* is a misconception of something actually in existence. An hallucination is a false impression (concerning something which has no existence) received through one of the special senses, and should the individual believe in the reality of the impression we may say that the hallucination becomes a delusion.

A patient may fancy that a piece of furniture is some wild beast: that is an *illusion.* He may declare that he can see a ghost or hear one speaking to him: that is an *hallucination.*

It is not necessary that the nurse should be acquainted with the many varieties of insanity which have been described. For the purposes of her work it will be enough if she thoroughly understand the four great classes into which her patients may be divided. They are:—

(1) States of exaltation.
(2) States of depression.
(3) Delusional insanity.
(4) States of mental weakness.

1. A person may become completely changed from his condition when in good health as regards spirits, manner, speech and behaviour generally. This alteration may come on suddenly, or the onset might have been gradual. From being quiet and retiring he may become the very reverse. He is restless, talkative and excitable,

perhaps incoherent, violent to those about him, and destructive to furniture and clothing. There is an exaggerated action of some of his mental faculties, and an impairment of others, along with a great want of self-control. His whole condition is one of exaltation or undue action, and his health rapidly suffers under the influence of the excitement; he may have delusions, but they are not the outstanding features of his illness; such a patient is said to be suffering from mania.

2. In contrast to the state of exaltation, the patient may be dull, depressed and completely miserable. He has no pleasure in life. It is acute pain merely to exist, and he often seeks to put an end to it all, by starvation or some more rapid method. Often there are most distressing delusions, though these are not essential. The wretched sufferer may imagine that he has committed the unpardonable sin, or been guilty of some other great wickedness. He often feels that some awful doom, from which he cannot escape, is hanging over him. He sees hell yawning open before him, while ghostly denunciations ring constantly in his ears. His days, and often his nights as well, are spent in a fearful waking nightmare. His appetite is poor, digestion often bad, he loses weight and his bodily health generally suffers. It is no wonder that suicidal impulses are frequent. Such cases

as these form typical examples of acute depression or melancholia. We often find patients who lie between the extremes of exaltation and depression, indeed, there are some who at one time may be exalted and at another depressed, but they may be classed in one or the other division as their symptoms predominate.

3. The third great class is formed by those who have delusions, but who show no marked alteration in their conduct either towards exaltation or depression. They may be said to be suffering from delusional insanity. It is well to seek carefully for an explanation of the delusion. It may arise from some bodily ailment, which, if rectified, may lead to the disappearance of the mental complaint. It is also well to be careful before stating that a patient is suffering from delusions, to be sure that there is no reasonable ground for the belief. We have known patients set down as having delusions, when in reality they had quite sufficient justification for holding the idea. As an example, we may mention one case. A patient one morning declared that she could hear the fluttering of wings in her room during the night, and to this statement she persisted in adhering. It was at the time looked upon as a delusion. In the course of the day, however, a jackdaw fell out of the chimney into the fireplace of her room, and it was the fluttering of the bird during the night which had given

rise to her statement. This shows the necessity for careful examination before holding that a patient's statements are necessarily delusions.

4. The fourth great class consists of states of mental weakness. The mind may be weakened as the result of disease, or it may be weak on account of imperfect development. If the brain has never developed properly, and the individual is weak-minded, we style such persons "idiots," or those with a little more intelligence "imbeciles".

The great majority of the chronic residents in our asylums have their mental faculties enfeebled as the result of disease. They are said to suffer from dementia. Their mental condition varies from a slight enfeeblement to the living death of the completely demented who live the life of vegetables, and require to be cared for like babes. There are some cases of mental weakness, or almost the absence of mind, which are the result of acute disease. These are said to be suffering from stupor or acute dementia.

In order to give a description of the nursing of a case of acute insanity it will probably be most convenient if we take a typical form of the disease, and, after describing it, give an account of its management. Probably some of the most trying cases with which a nurse will have to deal are those of acute puerperal insanity. It is also most important that she should be acquainted with the nursing of such cases. These may take the form

of either acute mania or melancholia and, with the addition of special care and precautions adapted to the peculiar circumstances of the patient, the nursing is similar to that of other acute cases.

PUERPERAL INSANITY.

The term puerperal insanity has been used to denote those forms of mental disorder which arise during pregnancy, at or shortly after delivery, or during the months when the mother is suckling the infant. It thus includes very different conditions, which are more conveniently described as: (1) the insanity of pregnancy; (2) puerperal insanity (properly so-called); (3) the insanity of lactation, or that form of mental disorder in the production of which the exhaustion caused by nursing the child plays an important part.

1. *Insanity of Pregnancy.*—Though the pregnant state ought to be a perfectly normal and healthy one it unfortunately is often far from being so. It is a matter of everyday observation that many pregnant women have their disposition and character materially altered without the change going so far as to constitute insanity. They are not uncommonly fretful, and filled with anxious forebodings and indefinable dread that something very shocking is going to happen to themselves

or the unborn children. The well-known cravings and morbid appetites are also evidences how profoundly the nervous system is affected by this state. These are in the vast majority of instances perfectly harmless manifestations, but would become very serious should the craving take the form of a liking for opium or alcohol. But although these symptoms may not be very grave in themselves, they still afford warnings of what might occur, and make the physician more watchful of the case, more particularly if she have an inherited predisposition to nervous disease.

The insanity of pregnancy is said to occur most frequently in first pregnancies, and more especially so if the woman be unmarried or over thirty years of age when she was married. The mental affection may appear before the third month or later than that period. In the former cases, recovery frequently takes place during pregnancy, but the latter generally go on until delivery, and may then pass into puerperal insanity. Only the worst of these cases find their way into our public institutions. It is a very sad thing for a child to be born in an asylum, and the friends of the patient naturally make every attempt to treat her outside. Though some of the cases are acutely maniacal the greater number suffer from depression. The evil forebodings deepen, the patient becomes fretful, sleeps badly, and is influenced by jealous suspicions of those about her. The case may

go no farther than this, and be easily enough managed. The jealous suspicions, however, may grow into actual delusions, and the husband is generally the victim. He is accused of being unfaithful and cruel. The woman's moral nature becomes changed, and she makes dreadful charges against him and others about her. She fancies strangers have designs upon her husband and children, and the nurse will not unlikely be included in her accusations. If the patient be in an asylum, some particular nurse may be singled out as the subject of her special dislike. The moral twist may even assume the form of taking things which do not belong to her, and a true kleptomania may develop. Regard for her personal appearance may be lost, and she may become utterly careless about her attire. It is in some of these cases that we find the worst examples of suicidal impulses. The intense jealousy and dislike of unoffending individuals may also lead to homicidal attempts, and necessitate the most careful watch after delivery lest injury be done to the child.

The great danger of suicide must be born in mind. The possibility of precipitation downstairs or from windows must be guarded against, as well as the chance of the patient rushing violently against the corner of a table or piece of furniture with the intention of injuring herself or the child. Such cases are all the more anxious

on account of the danger of struggles with the pregnant woman, and sufficient aid should be at hand to manage her without any risk of falls if possible. Accurate observation as to the condition of the patient's bladder and bowels is important, and note should be made of the quantity of food she takes and the amount of sleep she has. In some instances very close observation is required as the time of confinement approaches, and more especially so if the patient be very excited or in a state of stupor. Sometimes no indications are given that labour is going on and if the delivery be very rapid, the patient may be able to injure the child before the nurse can interfere.

There is a form of passing insanity which may occur during delivery, or immediately after, and though not dangerous so far as the patient's health is concerned, it is of great importance, since under its influence she may injure either herself or the infant.

2. *Puerperal Insanity.*—The form of insanity which may rightly be called "puerperal" is that which occurs either immediately after delivery or within a period of six weeks from that event. This is perhaps the most terrible of all forms of mental disorder. Though many causes may assist in its production, yet hereditary predisposition is one of the most powerful, and a patient who has once suffered is liable to be affected in subsequent confinements. Sometimes a nervous

shock, such as the sight of the placenta, seems to have precipitated an attack, and nurses should be careful not to discuss details of "bad" or "interesting" cases with, or in the presence of, a woman about to be confined. It is an affection which is perhaps more common among the rich than among the poor and hard working. The insanity may take any form, mania, melancholia, or a condition of stupor or dementia. When the attack occurs within a few days after delivery the disorder is more likely to assume a maniacal type. It is doubtful in some instances what part blood poisoning, either from the internal surface of the uterus or from injuries caused during delivery, may play in the production of the disease. This, however, is only another reason for extreme care on the part of both the medical man and nurse. For a day or two the patient seems to go on favourably, but then a change takes place. She is unreasonable and it is difficult to do anything to please her. Her expression changes and she becomes sleepless and talkative. Perhaps she shows some indifference with regard to the child, or it may be even actual dislike. Her appetite fails, or she may refuse food altogether. If her temperature be taken it is found to have gone up, and she may complain of tenderness over the lower part of the abdomen. The vaginal discharge may cease or become fœtid, and the bowels are frequently constipated. It is important in

such cases to keep the child away, as the mother may, under the influence of some sudden impulse, attempt to destroy it. In severe cases, which alone come into asylums, the patient becomes restless, noisy and incoherent, while her language and behaviour are often very obscene. Indeed some women who have been carefully brought up will use expressions and language which cause us to wonder wherever they could have heard them. As the case progresses, the patient will probably refuse to stay in bed, and may have hallucinations of sight and hearing. She may be violent and even have homicidal impulses of which the nurse may be the victim. It is wonderful what an amount of strength such patients can exert, even when to all appearances they are very weak or almost exhausted. In the more severe cases the restlessness increases, the patient is nearly always on the move, and often keeps up an incessant incoherent chatter. The desire for food is quite gone, as well as the knowledge of her need of it. Her lips become dry and cracked, and her general appearance is haggard and worn out. It is difficult to get any food into her mouth, and even when that is accomplished the patient is quite regardless of its presence and will make no attempt to swallow it. This, the more severe type of the disease, sometimes exhausts the sufferer very rapidly.

Instead of this acutely maniacal condition the

patient may fall into a state of stupor, being quite lost to her surroundings, and making no attempt to take food or attend to herself in any way.

The cases which arise at a later period are generally more inclined to the melancholic type. The patient is fretful and discontented with everything. The nurse is always in fault, and whatever she does is wrong. Not infrequently the patient influences her friends, who behave unjustly to the attendant, under the idea that she is in some way to blame for this change in the invalid's disposition. The patient may show intense dislike to her husband, and hatred towards the child. She may fancy her food is interfered with and refuse to take any. As the depression becomes more marked, she may begin to hear voices and to believe that she is very wicked and can never be forgiven. In this stage of the disease suicidal tendencies are not uncommon. Some patients pass into a curious state in which they resist and struggle against everything that is done for them, no matter what it may be. She will not allow herself to be dressed nor will she permit her clothes to be taken off. She will not get out of bed nor will she return to it when once up. She will not take food nor will she leave the dining-room, but clings to the furniture when wanted to move into another room. It is very often a tiresome business to get such a patient's

hair seen to, and it is not at all unusual for patients to complain of cruel treatment afterwards, owing to their indistinct recollections of these struggles to keep them tidy. Many cases appear to be unable to understand what is said to them, but keep repeating some phrase over and over again. Sleeplessness is a prominent feature, and such cases rapidly waste and lose flesh.

The nursing of puerperal insanity demands unceasing and vigilant care. In very restless cases the nurse will find it difficult to get the patient to keep any clothes on, and combinations may be required. Occasionally in suicidal and in some very dirty cases it is best to cut the hair, but it is well to refrain from this extreme step if possible. The room should be darkened and quiet. The floor should be padded or covered with mattresses, and the bed made on the floor. If at any time the patient should lie down, the nurse should see that she is warmly covered with clothing, and a pillow placed under her head. This allows her a chance of getting a little sleep, and is better than rousing her by an endeavour to get her into bed. If the patient be suicidal it will be necessary to provide her with warm but untearable rugs. If she once fall asleep great care should be taken not to disturb her. It will sometimes be observed that immediately after a nap the excitement is even greater than it was before sleeping. She will probably be lost to

the calls of nature, and will need changing and bathing. This must not be attempted without sufficient assistance. Nourishing food, which in most instances will require to be in liquid form, should be kept at hand, and frequent attempts made to induce her to take some. Though generally such a course is not to be recommended, draughts, etc., may be given in food to acute cases who are quite lost to their surroundings. To supply nourishment and obtain sleep are the important aims of the treatment.

The condition of the bowels must be noticed, and whenever practicable the urine should be saved for examination. If the patient do not pass urine the fact must be noted and reported. The use of vaginal injections will perhaps be called for, but this method of treatment is much more easily ordered than carried out in every case, though careful attention to cleanliness is requisite in all.

The state of the breasts must be attended to, and it may be necessary to use the breast-pump.

Though this period of acute excitement is a very trying one for the nurse, it is more easily borne than a subsequent stage through which many puerperal cases pass. This is a condition in which they are able to give an apparently coherent and sensible account of themselves, but are discontented with everything about them, and make charges of cruelty and ill-usage against all

who have had to deal with them. It is very hard to find that patients' relatives refuse to recognise this condition as a phase of the insanity, but show by their manner, if not by their words, that they are of opinion that the patient has been harshly and unfairly treated. The melancholic cases require to be managed in the same way as ordinary cases of depression.

3. *The Insanity of Lactation.*—The influence that prolonged lactation exerts upon different women varies very much. Anæmia and nervous exhaustion are produced much more rapidly in some individuals than in others. Of course many things must be taken into consideration when searching for the causes of this difference. The strength of the woman, her social position, the quality of her food, etc., would all have to be considered. As might be expected, lactation insanity differs from puerperal insanity in being more common among the poor than among the rich and well fed. The disorder may take the the form of either mania or melancholia. It rarely develops suddenly, but is preceded by a period of altered disposition, during which the woman is irritable, suspicious and hard to live with generally. The severity of the symptoms varies: some cases are extremely noisy and violent, while others are depressed and suicidal. Sleeplessness is generally a prominent feature of the illness.

The majority of these cases are managed at home. The child must be weaned at once, and abundant nourishing food given to the mother, who should be removed as far as possible from all worrying influences. In their general management these cases do not differ from that required for ordinary mania or melancholia.

EPILEPTICS.

It is part of a nurse's duty to record the number of fits that patients may have during her period on duty, and also to make a report should there be anything unusual about any of the seizures. She ought, therefore, to be familiar with the forms in which epilepsy may show itself. The ordinary fit is a convulsive seizure, accompanied by loss of consciousness, and frequently preceded by a characteristic cry. The convulsion is the marked feature in the great majority of our cases, but there are some who do not show this prominent symptom, and such cases should be carefully watched. In these individuals the seizures are manifested merely by a loss of consciousness, sometimes so temporary as to be unnoticed by any but one who knows the nature of such a symptom, and is on the lookout for it. The patient may simply appear dazed for a few minutes, and be unconscious of what is going on

about him; he may look as if he had a slight fainting attack; or he may perform some ordinary or out-of-the-way action without being aware of what he is doing. These are as surely indications of the disease as is the ordinary fit, and should be looked for and noted. Undoubtedly there are patients who have seizures of this kind which pass unnoticed for a long time, but would not do so if the nurses were aware of the full significance and importance of such things. The nurse will find that the fits of different individuals vary much in character. In all new cases she should note carefully whether the convulsions begin in any part of the body, or if any part is affected more particularly. She will also find that there are great variations in the sensations of which patients complain, as well as in their behaviour, immediately before having a fit. She ought to make herself familiar with these warning symptoms, and when they appear she should try to put the patient in a situation such that he is not likely to injure himself when the fit occurs. Of course there are many who have the seizure without any such warning, and often disfigure themselves in the severe falls they have. The danger of an epileptic falling near the open fire, the stove or the steam coil, is apparent. There is also risk in the going up and down stairs, and those patients who are likely to have fits should be closely looked after on such occasions. At

night epileptics must be kept under constant supervision, with the face uncovered and in the nurse's view. The patient may have a fit without any cry to attract attention to him, and in turning over on his face may be suffocated.

No patients suffering from epilepsy should be permitted to mount on step-ladders to clean windows, nor, indeed, to get into any position where they would be likely to injure themselves in falling in a fit.

When a fit does occur, the patient should be laid down on the floor, or on a couch, and a cushion placed under his head. No more force should be used, nor, indeed, any interference other than is sufficient to prevent the patient injuring himself. The clothing about the neck and the chest, if necessary, should be loosened. When the convulsive stage is over the patient should be left quietly on a couch to recover.

When the epileptic is "having his fits" he is generally much disturbed in mind, and will severely try the nurse's patience and temper. The usual effect of epilepsy it to cause the mind to become gradually weaker, until at last a stage of nearly complete dementia is reached. Some of the more intelligent, in their periods of calm between the fits, are grateful for what is done for them, and anxious to assist the nurses. Such individuals are, as a rule, the best workers amongst the lunatics. As a class, however, the epileptics

are bad patients. They often display deep religious feeling, and at the same time are untruthful, given to stealing, prone to making false charges, and are always ready to quarrel. With them the blow generally comes before the word. A fancied insult is frequently the only reason assigned for a savage onslaught upon an unoffending and harmless bystander. These are the individuals, and especially if hysterical, who bring the great majority of the charges of cruelty against the nurses. This is probably due to a morbid longing for sympathy, a warped moral sense, and in a great measure to the stiffness and aches after a fit being attributed by the sufferer to ill-usage from those about him. As the nurses have frequently to exercise some control over the patient's movements during or immediately after a fit, and he finds them by him when his glimmering consciousness returns, he naturally refers his sufferings to their agency.

When excited, the epileptic is difficult to manage. He is suspicious, impulsive, abusive; quickly roused to violence; and in the heat of passion will do deeds of which he is perfectly ignorant when his wild fury has passed away. Many of our criminal lunatics belong to this class. The homicidal impulse may be quite irresistible, and murder may be committed without the patient being afterwards in the least aware of what has happened. It is curious, also, how often

we find the propensity to steal, and afterwards conceal what has been stolen. They will, even if caught in the act, stoutly deny the possibility of their ever doing such a thing. A nurse should always be extremely careful in handling an epileptic. When irritable they will resent a hand being laid on their arm, even in the most friendly way, and will impulsively strike out. When in that mood, coaxing methods should always be tried and abrupt dealings avoided. A nurse should never engage in a single-handed struggle with an epileptic. In such circumstances there is great danger of the patient or nurse being injured. The former's powers of self-control are much weakened, and, when in a state of maniacal excitement, he is utterly lost to all sense of reason. If the attention of the epileptic be fixed upon an object, it is not easily diverted, and the persistent way in which he will with stammering utterances repeat again and again the same pointless question is very trying. If an epileptic be secluded, a course which is sometimes beneficial during an outburst of excitement, a close watch must be kept lest the patient have a fit.

The condition of the bowels should be remembered. Constipation is common, and the nurse should report if any under her care are suffering in that way. The free unloading of any epileptic's intestine will in some cases do more towards lessening excitement than any amount of

sedatives. No epileptic should ever be allowed to take food unless under observation. The obvious danger is that the patient may have a fit and choke. When a fit does occur during a meal the patient's head should be turned to one side, and the mouth cleared so far as is possible, care being taken that a mass of food is not pushed to the back of the throat in the operation. In the later stages of epileptic dementia and in idiots, soft food and probably spoon feeding will be required. Some epileptics eat very ravenously, and do not masticate their food sufficiently, These cases will require to have their meat cut up for them, or even to be supplied with crushed meat and potatoes, etc. At times it is necessary to give an epileptic his meals in a single room ; on such occasions the nurse must always have the patient in sight.

GENERAL PARALYSIS.

This disease is much more common among males than among females. The sufferers are often individuals in the prime of life and strength, and consequently, when excited, are all the more difficult to deal with. Along with the mental affection, there is a gradually advancing paralysis of the muscles of the body generally. This, affecting the muscles of the lips and tongue,

produces a curious hesitation and impairment of speech, so that the patient is unable to pronounce some words distinctly.

To the nurse general paralytics present themselves in three well-marked stages, though there are of course cases which shade off from the one into the other.

1. The excited, restless, noisy, violent, utterly irrational maniac, who, to an uneducated eye, appears anything but a paralytic.

2. The quiet, placid, easy-going dement, with hesitating speech and uncertain gait, who is careless and forgetful, but quite happy and more than satisfied with himself and his surroundings. In passing from this stage to the next they are sometimes very restless and troublesome.

3. The helpless paralysed being, only able to sit in an invalid chair or to be in bed ; hopelessly wet and dirty, and requiring spoon feeding, or indeed able to swallow liquids only.

General paralytics have usually most exalted ideas of their wealth and powers. They think they are the richest and strongest men on earth, and yet are unable to recognise the absurdity of such individuals being inmates of a pauper asylum. They will proffer millions of pounds and gold watches, and in the same breath ask for a copper or a chew of tobacco. Even when helplessly paralysed, they will, with slow and hesitating utterance, cheerfully remark that they are better

and stronger than they ever were. Those few cases who are depressed and suicidal cause much anxiety. Their depression seems as exaggerated as is the sense of well-being in their happier brethren.

In the maniacal, excited stage they are very troublesome, and are noisy, violent, restless, destructive and dirty. In this stage they are liable to be injured owing to the furious way in which they struggle. Believing in their almost omnipotent powers, they will attempt deeds which no ordinary lunatic would dream of. It is folly to attempt to manage such cases without sufficient attendants to handle them safely. When, along with these violent propensities, it is remembered how easily their bones are broken, it is not surprising that accidents sometimes occur.

The quieter demented cases can generally, with tact, be easily managed. They have their little displays of temper, but calm down under judicious management. In many respects they behave like spoilt children, and need much coaxing to keep them right. Any hectoring treatment is resented at once, and only leads to trouble. Towards the end of this stage they are often very destructive in a quiet way, owing to their habit of picking at their clothing.

In the last stage of all, they require nursing like babies. The condition of their bladders must be remembered, and if not wet regularly the

matter should be reported. They are very liable to bedsores, and, in some cases, the utmost care will not prevent their appearance. Even in a night, blisters will appear between the fingers, or where one leg has been lying against the other.

As a rule, except in the depressed cases, the general paralytic does not refuse his food. The danger is rather that he may choke, owing to his greedy endeavours to gulp it down too hastily. No paralytic should be allowed to eat alone. The most dangerous period is when they are nearly reaching the soft food stage, but have not yet been put on crushed meat, etc.; they eat greedily; cram their mouths full without swallowing, and will often steal anything from their neighbours' plates that they can lay their hands on. This habit a careful nurse will bear in mind. In the later stages they must be spoon fed, and in the last of all only liquids can be taken.

General paralytics are liable to be attacked by convulsive seizures, which much resemble epileptic fits. The patient's state, mental and physical, is generally worse after such a seizure. The average duration of life, after the disease shows itself, is from two to three years. A few last much longer, but the affection is at present incurable.

HYSTERIA.

Hysteria is a functional disease of the nervous system. By a functional disease we mean one in which there is no known change in the structure of the organ affected to account for the symptoms.

Hysteria may simulate almost any affection of the nervous system, and that so closely as to require great skill and experience to distinguish between them. It is not that side of this strange disease which we have to deal with, but rather the way in which it affects the mind. That it does do so, and very profoundly, is evident to all. Hysteria comes very near to insanity: indeed it is sometimes very hard to say where hysteria ends and madness begins. There is a popular idea that all sufferers from hysteria are shamming, and ought to be treated accordingly. This is wrong. It is true that we find instances again and again of what it is hard to believe are anything but wilful attempts to deceive, but at the same time the illness is real and the sufferer is deserving of pity, though it would be very foolish to let her know it. She cannot help herself. Her will power is affected, and she needs external stimulus to rouse it to action. It has been said that there is not so much the presence of the will to do wrong as the absence of the will to do right. This applies with

much more truth to the physical than to the mental symptoms. We frequently meet with hysterical lunatics who, while certainly deficient as regards the will to do right, are by no means weak in the will to make mischief.

The chief causes of the disease are inherited weakness of the nervous system and a bad upbringing. The faults of the child's disposition have been fostered rather than rooted out by the system of education under which it had been reared. When we think that it has, in most cases, been under the influence of relatives who are themselves emotional and wanting in self-restraint this will be easily understood. Instead of being taught patience and self-control, it has been allowed to have free play for emotional outbursts, and has been accustomed to be made a great fuss over on every occasion.

Both sexes may be affected. In this country the victims are more frequently women, but in France it is found that men are affected at least as often as the opposite sex. When it is a male in this country, the symptoms are generally of a melancholic type, and somewhat resemble a case of hypochondriasis, or that state in which individuals are morbidly anxious about their health.

Hysteria may display itself at almost any age, but it is most frequent among girls and young women from about fourteen years of age and upwards. Some well-marked cases, however, are

seen in children, especially among the weak-minded inhabitants of our large institutions. The child is self-conscious, and always anxious to attract attention to herself. She will do silly and extraordinary things to bring herself into notice. Attacks of vomiting, or screaming of hysterical origin, occur, and occasionally such children become regular little furies, biting, scratching, kicking, destroying clothing, etc., until the fit ends in convulsive sobbing. These outbreaks are quite different in character from the excitement seen in cases of acute mania in children, and when once seen are easily recognised again.

In the older cases the same desire for notoriety is displayed. To be an interesting case is the height of the patient's ambition, and her great endeavour is to secure attention from the opposite sex. Sexual ideas are often very prominent. Hysterical young women will sometimes make advances to men, and, when these are not responded to, will accuse them of indecent assault. Even without the incentive of wounded self-love they are apt to bring such unfounded charges, and it is always dangerous for a medical man to make any examination of such patients unless he have reliable witnesses present. They will write slanderous, obscene, anonymous letters, set fire to houses, haystacks, etc., and even go the length of murder in order to bring themselves before the public. Doubtless, too, this phase of the hysteri-

cal character is more common in males than is generally believed. After such proceedings as these she finds her way into the asylum, if she have escaped being sent to prison. Here she is a positive nuisance. She is constantly complaining of illness, and is the victim of extraordinary and contradictory symptons. It is not uncommon for her to declare that she is "bringing up blood," the real origin of which is from her gums or it may be menstrual. She will cut or break her hair off short, will refuse food, make attempts at suicide, or even mutilate herself in order to make herself an object of interest. Retention of urine may be present, but hysterical cases are seldom wet or dirty. She is very jealous, and attention paid to another patient easily upsets her. She will then occasionally break out into a paroxysm of noisy excitement, during which she will scream, tear her clothes, smash glass, or make attempts (not always very serious) at suicide. Often also she will endeavour to give the nurses all the trouble and annoyance in her power, while being extremely polite and pleasant to, and in the presence of, the superior officers. This class of patients frequently make charges of ill-usage against nurses which on examination are found to be groundless. As a rule the patient has some insane reason for being jealous of the nurse whom she accuses. Such a patient will make great demonstrations of attempting suicide, or will perhaps even while the nurse

is looking at her, secrete tapes, pieces of glass, corset steel, etc., about her clothing. She knows that the nurse will be anxious about, and will have to pay special attention to, her. It is very trying to be in charge of such cases, because they are not likely unless by accident to do themselves any serious injury. Yet this accident might happen, and they are setting a bad example to and unsettling other patients. Some will also take a delight in secretly instigating others to be insubordinate. The association of two or three such individuals always causes trouble and they should be kept apart as much as possible.

There is a very close connection between hysteria and hypnotism, and there are few hypnotic persons who are not hysterical. Among hysterical subjects we find cases of prolonged sleep, who will take food when it is brought to their lips, but again sink into the drowsy condition. Some again will walk about and perform acts in an automatic way, and yet have no recollection of the occurrence afterwards. These conditions are of course very rare.

The popular idea of hysteria centres around the "fit of hysterics" which is known to every one. This outburst of emotional excitement and convulsive exercises is generally brought on by some disturbing influence upsetting the patient's emotional balance, which is never very stable. It consists of uncontrollable laughing or screaming,

and may end there or pass into regular convulsions. It may last but a short time or may continue for one or two hours. In many cases the patient appears able to select the time and place for the performance, but this is not always so. Such "fits" may occur when there are no spectators, and without any known cause, to excite the emotions. As a rule the patient manages to avoid injuring herself, but this again is not without exception. Very severe cuts or bruises may be received in the fall or struggles, though the tongue is seldom bitten, as so often occurs in epilepsy. There is an exaggerated kind of hysterical seizure, of which examples are found in asylums, in which the symptoms more closely resemble epileptic convulsions. This affection is called hystero-epilepsy, but must not be confounded with true epilepsy.

In the management of these cases the less active the part taken by the medical man the better. The nurse must firmly and kindly, but without any display of sympathy, carry out the details of the treatment. It is well to let the patient see that the nurse is quite convinced that the treatment the patient is under is certain to effect a cure.

In children a regular routine must be established and adhered to; self-control should be encouraged, but self-consciousness and the craving for sympathy and notice should be restrained. Without neglecting what might really be genuine symptoms

of serious disease, the child must not be led to expect that every complaint will meet with ready sympathy and make her an object of general attention and pity. In most cases it is well to remove hysterical patients entirely from their friends' influence, and in some to subject them to definite treatment as regards food, massage, etc. The nurse must distinctly understand that while, as part of the treatment, it is necessary to isolate the patient and avoid displays of sympathy, yet the hysterical individual is suffering from a disease, and is not merely shamming. We want to try to rouse the will to get well. The influence of the sexual element must be borne in mind, and if retention of urine should ever call for the use of the catheter it will be better for the nurse and not the medical man to draw off the urine. If the patients are in weak health regular supplies of food at stated intervals must be given ; if they are in good health it is just as well, while watching them closely, to appear to be taking little notice of them.

Forcible feeding, or any fuss made over them, is what they would prefer. They are not likely to injure their health by abstinence, and the best treatment is to let them severely alone. After a short fast, they will return to their food with their digestive apparatus all the better for the rest it has had. There are other individuals who will obstinately refuse to eat so long as any notice is

taken of them, but who will do so if they think they are unobserved, and will even pilfer food from other patients, and eat it on the sly. Not infrequently a single feeding with the tube is sufficient to induce the patient to give up her determination to starve herself; others will persist in their refusal for long periods, and, in some instances, appear to enjoy the operation of being fed. In this, as in most other respects, male lunatics are more easily managed than those of the opposite sex.

No reports about any hysterical patient should be made to the doctor in her presence.

Though it is a hard task to accomplish, the nurse must strive not to show that she is irritated by the tricks of the patient. She must try to keep her closely under observation without apparently being concerned about her. During a "fit" this is also the best method of treatment, but at the same time care must be taken that the patient does not, by accident or otherwise, injure herself. There are means of cutting short such attacks (cold bath, cold douche, electricity, etc.), but in an asylum these can only be employed by the doctor himself or under his personal supervision.

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